DWS-UI Form 1 Rev. 3/05

UTAH DEPARTMENT OF WORKFORCE SERVICES

Unemployment Insurance 140 East 300 South, PO Box 45288 • Salt Lake City, Utah 84145-0288 TEL (801) 526-9400 • FAX (801) 526-9377



STATUS REPORT

PLEASE READ INSTRUCTIONS THEN COMPLETE ALL ITEMS (TYPE OR PRINT LEGIBLY)

2. Business name, DBA and mailing address for UI quarterly reports: Sal. Viah Unemployment Registration Number (if any): 4. County in Utah where principal activity is located: Separation Requests (if different from item 2): Telephone # ()	1. Type of Ownership: ☐ Individual ☐	Partnership 🗖 Cor	poration \(\square\) LLC	(\square corp	porate el	ection) \square Other (sp	pecify):	
Telephone # () Fax # () Telephone # () Fax #					3a. Federal Employer ID Number (FEIN):			
Permanent work sites: Principal activity is located: Permanent work sites:				3	3b. Utal	n Unemployment Reg	gistration Number (if any):	
Telephone # () Fax # () Mailing address & phone for Wage and Separation Requests (if different from item 2): Telephone # () Itelephone # () Itelepho				4		·		
Telephone # ()		#()					r	
9. List owners or corporate officers (e.g. sole proprietor, general partners, corporate officers or LLC members): Name					1			
Name SSN Title Home Address Home Phone	Telephone # ()	Telephone #	()			Telephone # ()		
10. Describe in detail your principal business product and/or service of your Utah operation (see instructions): 11. Date of first Utah wages paid to employees including corporate officers (see instructions): 12. If Utah wages have not yet been paid, give estimated date you expect to pay Utah wages: 13. a. Construction Employer:	9. List owners or corporate officers (e.g.	sole proprietor, ger	neral partners, corp	porate of	ficers or	LLC members):		
11. Date of first Utah wages paid to employees including corporate officers (see instructions): Complete this section if your business falls into one of the categories below, otherwise select N/A: N/A N/A	Name	SSN	Title		Home Address		Home Phone	
11. Date of first Utah wages paid to employees including corporate officers (see instructions): Complete this section if your business falls into one of the categories below, otherwise select N/A: N/A N/A								
11. Date of first Utah wages paid to employees including corporate officers (see instructions): Complete this section if your business falls into one of the categories below, otherwise select N/A: N/A N/A								
See instructions You expect to pay Utah wages: You expect to pay Utah expect to pay Utah wages: You expect to pay Utah or the State of Utah or wages in a calendar quarter for domestic service. Request to file UI contribution reports and payment annually on January 31st instead of filing quarterly. Leasing company:	10. Describe in detail your principal business product and/or service of your Utah operation (see instructions):							
Business has operated only in the State of Utah or								
Business has operated in another state prior to operating in the State of Utah. Name of prior state: Employer has paid or will pay \$1,000 or more in wages in a calendar quarter for domestic service. Request to file UI contribution reports and payment annually on January 31st instead of filing quarterly. C. Agricultural Employer: Business has paid or will pay \$20,000 or more in wages in a calendar quarter or Business has or will have 10 or more employees working in at least 20 different weeks during the calendar year. d. Leasing company: Business is a Professional Employer Organization (PEO). Utah PEO (Professional Employer Organization) registration #	Complete this section if your business falls into one of the categories below, otherwise select N/A:							
b. Domestic Employer: Employer has paid or will pay \$1,000 or more in wages in a calendar quarter for domestic service. Request to file UI contribution reports and payment annually on January 31st instead of filing quarterly. Business has paid or will pay \$20,000 or more in wages in a calendar quarter or Business has or will have 10 or more employees working in at least 20 different weeks during the calendar year. Leasing company: Business is a Professional Employer Organization (PEO). Utah PEO (Professional Employer Organization) registration # Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another employer? No If Yes, please complete Sections 14 and 15. 14a. Date of acquisition, merger or transfer: 14b. Check the types of changes: Reorganization Sale of business to new business Repossession Purchase assets of business Purchase assets of business from the bankruptcy court	1 2	Business has operated only in the State of Utah or						
c. Agricultural Employer: Business has paid or will pay \$20,000 or more in wages in a calendar quarter or Business has or will have 10 or more employees working in at least 20 different weeks during the calendar year. d. Leasing company: Business is a Professional Employer Organization (PEO). Utah PEO (Professional Employer Organization) registration # Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another employer?	b. Domestic Employer:Em	Employer has paid or will pay \$1,000 or more in wages in a calendar quarter for domestic service.						
d. Leasing company: Business is a Professional Employer Organization (PEO). Utah PEO (Professional Employer Organization) registration # Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another employer? Yes No If Yes, please complete Sections 14 and 15. 14a. Date of acquisition, merger or transfer: 14b. Check the types of changes: Reorganization Reorganization Sale of business to new business Repossession Purchase assets of business Purchase assets of business from the bankruptcy court	c. Agricultural Employer:Bus	Business has paid or will pay \$20,000 or more in wages in a calendar quarter or						
Did or will your business obtain in full or part, through an acquisition, merger or transfer, the assets, the trade or business, or workforce of another employer? Yes No If Yes, please complete Sections 14 and 15. 14a. Date of acquisition, merger or transfer: 14b. Check the types of changes: Change of entity (e.g. proprietorship to corporation) Merger Reorganization Sale of business to new business Repossession Purchase assets of business Transfer of workforce (employees) Transfer of trade or business Purchase assets of business from the bankruptcy court	d. Leasing company:Business is a Professional Employer Organization (PEO).							
or workforce of another employer? ☐ Yes ☐ No If Yes, please complete Sections 14 and 15. 14a. Date of acquisition, merger or transfer: 14b. Check the types of changes: ☐ Change of entity (e.g. proprietorship to corporation) ☐ Merger ☐ Reorganization ☐ Sale of business to new business ☐ Lease of business to new business ☐ Repossession ☐ Purchase assets of business from the bankruptcy court ☐ Transfer of trade or business ☐ Purchase assets of business from the bankruptcy court								
14b. Check the types of changes: Reorganization Repossession Transfer of trade or business Change of entity (e.g. proprietorship to corporation) Sale of business to new business Purchase assets of business Purchase assets of business from the bankruptcy court Merger Lease of business to new business Transfer of workforce (employees)								
ReorganizationSale of business to new businessLease of business to new businessRepossessionPurchase assets of businessTransfer of workforce (employees)Transfer of trade or businessPurchase assets of business from the bankruptcy court	14a. Date of acquisition, merger or trans	fer:						
	ReorganizationSale of business to new businessLease of business to new businessRepossessionPurchase assets of businessTransfer of workforce (employTransfer of trade or businessPurchase assets of business from the bankruptcy court					of business to new business		

14c. What portion of the previous owner's assets, trade or business,	or workforce was or will b	e obtained?				
% of assets						
% of trade or business						
% of workforce						
14d. Previous owner:						
Business name:						
Address:						
Utah Unemployment Registration #:						
Federal Employer Identification Number (FEIN):						
14e. Does the previous owner continue to:						
a. Have Utah employees? ☐ Yes ☐ No						
b. Operate a separate business in Utah? ☐ Yes ☐ No	If No, date closed					
15a. List any current owner who was also a previous owner. Also, means one's self, a spouse, parent, step parent, child, stepchild		is related to any prev	vious owner. "Related"			
Name	SSN or FEIN	Percentage of	Family Relationship			
		Ownership	J 1			
15b. Select the common management practices of your business ret	ained from the previous ow	ner:				
Management, managers, officers, board of directors						
Personnel and human resource policies						
Operating procedures						
Sales and pricing policies						
Collection procedures						
Financing policies						
Accounting practices						
Purchasing practices						
Other (explain):						
None of the above						
15c. Select the common control practices your business retained from	om the previous owner:					
Control of the assets used to conduct the business enterp	rise					
Financing and /or leasing arrangements						
Contracts						
Business, professional, and regulatory licenses of the bus	siness enterprise					
Other (explain):						
None of the above						
Any person or advisor who knowingly violates or attempts			ection 76-8-1301			
may be subject to civil and criminal penalties (see instructions) I certify that the information contained in this report is true and correct.						
Signature Title	Telephone Number		Date			

Unemployment Insurance (UI) Instructions for Status Report, Form1

The Utah Employment Security Act states that the Department of Workforce Services (DWS) must determine the status of each business and each person independently established in a trade, occupation, or profession. After paying wages, complete and return this form immediately to the Department of Workforce Services, UI Employer Accounts Unit, PO Box 45288, Salt Lake City, Utah, 84145-0288.

All items must be completed. If an item does not apply to your business, enter N/A (Not Applicable).

Except as indicated below, all items are self-explanatory.

- Item 1: LLC (Limited Liability Company) is considered a partnership unless corporate election is selected. LLC corporate election means the business has authorization or has requested approval from the IRS to be taxed as a corporation. In this case, LLC members would be considered corporate officers. All payments for their services are taxable and reportable for Utah unemployment insurance coverage.
- Item 2: If you have more than one trade or business name, list the name or names by which your company is best known to the public. List the telephone and FAX numbers for the employer rather than those for the accountant or employer representative.
- Item 3b: Enter your current Utah Unemployment Registration Number if previously registered.
- Item 6: Address and telephone number of the agent or office able to provide wage data, weeks of employment and other information about employees separated from your employment.
- Item 7: Provide the telephone number and physical location (street address, city, state and zip) for the principal work site in Utah. If there are multiple permanent work sites, attach a separate sheet listing the name, address and telephone number for each work site.
- Item 10: Describe <u>in detail</u> the specific product or service you provide. For example, do you manufacture, install, sell wholesale or retail, or offer services? Describe the product, what is sold, or the type of services offered. (Some examples are wholesale men's wear, construction single residential housing, or computer integrated systems design.)
- Item 11: Wages are currently defined by Section 3306(b) of the Internal Revenue code of 1986 and Section 35A-4-208 of the Utah Employment Security Act. Wages are all payments for services performed including commissions, bonuses, salaries or draws to corporate officers, tips and the cash value of all remuneration in any medium other than cash.

 Wages paid to the entity owner (e.g., sole proprietor, general partners and LLC members) are not considered as wages for unemployment insurance. See Item 1 instruction for LLC member exceptions. Wages paid for services performed by a sole proprietor's spouse, parents, or children under age 21should not be reported for unemployment insurance.
- Item 13b. A domestic employer hires a household worker such as, but not limited to, a nanny, babysitter, yard worker, driver, health aide, private nurse, housekeeper, caretaker, and cleaning people. In addition, employees of college fraternities and sororities are included in this category.
- Item 13d. A Professional Employer Organization (PEO) must register with the Utah Department of Professional Licensing (DOPL) before DWS can recognize its PEO status.

Item 14a: If you acquired (in whole or part) the business activity previously conducted by another entity, or if the business entity has changed (i.e., changed entity from a sole proprietorship to a corporation) even if the owners are still principally the same, complete Items 14a-15c. "Acquired" means to come in possession of, obtain control of, or obtain the right to use the assets, business, or workforce through any legal means. An acquisition can include change to the form of ownership, inheritance, repossession, foreclosure, gift, purchase or any items noted in Item 14b.

Any employing units that are party to a transfer must notify the UI division within 30 days of the transfer date.

Item 15a: If you are a current owner of this business as well as a previous owner of the transferred business, enter your name, social security number and percentage of ownership in the new business. If you are a current owner and are related to any previous owner of the transferred business, enter your name, social security number, percentage of ownership in the new business and your family relationship.

Any employer, employer representative, or advisor who knowingly violates or attempts to violate Utah Code Section 35A-4-304 and Section 78-8-1301 may be subject to civil and criminal penalties which consist of contribution rate increases to their UI accounts and a fraud assessment of up to \$5,000.

To obtain additional information, call (801)526-9400 or toll free 1-800-222-2857 ext. 9400 or contact the Utah Department of Workforce Services, UI Employer Accounts Unit, 140 East 300 South, PO Box 45288, Salt Lake City, Utah 84145-0288.